**Request for Undergraduate Informal Appeal Form**

|  |
| --- |
| This form is for informal appeals of a recommendation or decision related to Academic Standing. For other appeals go to reappraisals and grade appeals. In order to initiate the appeal process, you must: |

* Read the **Faculty of Nursing Academic Appeals Guidance Document: Section A: Informal Stage**
* Complete **all relevant sections of this form** and email **from your University of Alberta email** (or collaborative institution) to [nuappeal@ualberta.ca](mailto:nuappeal@ualberta.ca)
* Submit the form **within fifteen (15) working days\*** of receiving official notice of the recommendation or decision that you are appealing.

**Please Note:** Some Academic Standing decisions will automatically be considered at the Informal Level (e.g. Practicum Intervention, Code of Student Behaviour, etc.) so if you have received a Decision letter from the Faculty of Nursing Undergraduate Programs, your next step would be to submit a Faculty of Nursing **Formal Appeal.**

\* The 15 working days begins on the date in which a decision letter was emailed to you.

|  |
| --- |
| Before you complete the form, you should be aware of the following |
| When your informal appeal is received it is first reviewed by administrative staff. They will check to ensure that your appeal meets the basic criteria for consideration. These criteria are:   1. That the form has been completed; 2. That the form is submitted within the fifteen (15) working days deadline OR you have provided an explanation for why there was a delay in initiating this process in Section 5 of the form; 3. That your appeal falls within the permissible grounds for appeal (see Section 1 and 2).   It is your responsibility to ensure that you clearly articulate the details of your appeal and provide appropriate supporting evidence. If the form is fully completed, the appeal will be considered by the Associate Dean (or designate), Undergraduate Programs. The information you provide as part of your appeal may be forwarded to relevant staff in the Faculty of Nursing to enable them to respond.  The Associate Dean (or designate), Undergraduate Programs may request a meeting with you to discuss the circumstances and/or grounds for your appeal. Students are entitled to bring a Student Ombudsperson to the meeting but it is the student’s choice whether or not to bring an ombudsperson. It is left to the student to contact the [Office of the Student Ombud](https://www.ualberta.ca/current-students/ombuds/index.html)s and arrange for the ombudsperson to join any scheduled meeting. |

**You are strongly encouraged to ask for advice and support from the University of Alberta** [**Office of the Student Ombuds**](https://www.ualberta.ca/current-students/ombuds/index.html) **who can be contacted at** [**ombuds@ualberta.ca**](mailto:ombuds@ualberta.ca)**. They can** **help you complete this form and can support you through the process.**

**Student Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** |  | | | |
| **Student ID#:** |  | | | |
| **Email:** |  | | | |
| **Address:**  **City:**  **Province:**  **Postal Code:** |  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Phone:** | **Res:** |  | **Business:** |  |
| **Program of Study:** |  | | | |
| **Year of Study:** |  | | | |
| **Collaborative Site:** (if applicable) |  | | | |

**Please Note:** We will contact you on your University email address. **It is your responsibility to check your account regularly for correspondence relating to your appeal.**

1. **I wish to appeal** *(tick all the apply)*:

☐Course Letter Grade

☐Graduation/My degree classification

☐Requirement towithdraw from a program in the Faculty of Nursing

☐Probation or Condition(s) requirements for continuation in a program

If the decision you wish to appeal against does not fit any of the above categories you may not be eligible to appeal. You should consult with University of Alberta [Office of the Student Ombuds](https://www.ualberta.ca/current-students/ombuds/index.html)

|  |
| --- |
| See **Faculty of Nursing** [Appeal Policies and Procedures](https://www.ualberta.ca/nursing/programs/undergraduate-student-resources-and-services/student-appeals/forms) for Undergraduate Programs |

1. **Short Appeal Summary**

You are required to complete below a short summary of your appeal consisting of no more than 250 words. This summary may be forwarded to individuals concerned to enable them to respond. The summary may also be used by the Undergraduate Programs Office to assist in identifying the key points of your appeal before considering the full detail of your appeal. You should, therefore, ensure that this summary is completed as concisely as possible.

*You may wish to complete the rest of the form before completing this section as the later sections of the form will guide you in determining which information is most relevant to include here. The summary* ***must not exceed 250 words in length*** *and* ***you must complete the remaining sections of the form*** *before submitting your appeal.*

|  |
| --- |
|  |

1. **My grounds for appeal are** (enter mark in relevant boxes):

☐ I believe that a procedural error(s) occurred on the part of the Faculty of Nursing: **Complete Section 4A below**;

☐ I believe there was a failure of the Faculty of Nursing to consider all factors/mitigating circumstances relevant to the decision being appealed and **there is a good reason why I could not have presented these at the appropriate time** or have made them aware before a decision on my academic performance was made: **Complete Section 4B below**;

☐I believe there was bias or discrimination against me on the part of the Faculty of Nursing: **Complete section 4C**.

**If you select more than one of these grounds, make sure you complete each corresponding part of Section 4.**

1. **Details of appeals**

Once you have selected one or more of the grounds above, you should complete the corresponding section(s) below. Please complete these sections clearly and concisely.

|  |  |  |
| --- | --- | --- |
| **Section 4A: Procedural Irregularity** | | |
|  | | |
| What is the nature of the Procedural Irregularity? Please try to describe this as clearly as possible: | | |
|  | | |
| When – on what dates did the irregularity affect you? | | |
| Irregularity | Start Date | End Date |
|  |  |  |
| Which assessments were affected? *Please ensure you list all of the affected assessments and the dates they were taken/submitted.* | | |
| Assessments | Date taken | |
|  |  | |
| Regulation or procedure that has not been followed? *If you are able to list which University regulation or procedure you believe has not been followed in this instance, you should cite it here. Otherwise, please simply explain the issue as clearly as you can.* | | |
|  | | |
| What evidence do you have to support this, or do you intend to provide to support this? | | |
| Item of Evidence | Which irregularity this refers to | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Section 4B: Mitigating Circumstances** ( usually medical or humanitarian grounds) | | |
|  | | |
| Please list what mitigating circumstances you wish to rely on, and describe each circumstance in turn. | | |
|  | | |
| When did each of these circumstances affect you? Please be as specific as possible, and provide dates | | |
| Circumstances | | Date Affected |
|  | |  |
| Which assessments were affected by each circumstance? *Please be as clear as possible.* | | |
| Circumstance | Assessments affected | |
|  |  | |
| Why did you not raise each of these circumstances at the time? **(You are strongly advised to consult page 9 of the Academic Appeals Guidance Document before completing this section).** | | |
|  | | |
| What evidence do you have to support this, or do you intend to provide to support this? | | |
| Item of Evidence | | Which irregularity this refers to |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 4C: Discrimination** | | | |
|  | | | |
| What is the nature of the alleged bias or discrimination? Please try to describe this as clearly as possible: | | | |
|  | | | |
| When – on what dates did the discrimination affect you? | | | |
| Discrimination | | Start Date | End Date |
|  | |  |  |
| Which assessments were affected? *Please ensure you list all the affected assessments and the dates they were submitted and received by the instructor.* | | | |
| Assessments | | Date taken | |
|  | |  | |
| Why did you not raise each of these circumstances at the time? **(You are strongly advised to consult page 11 of the Academic Appeals Guidance Document before completing this section).** | | | |
|  | | | |
| What evidence do you have to support this, or do you intend to provide to support this claim? | | | |
| Item of Evidence | Which incident does this refers to? | | |
|  |  | | |

**5. What do you hope the outcome of the informal appeal process will be?** Please refer to Page **14** of the Appeals Guidance Document for information on appeal outcomes.

|  |
| --- |
| *While the Faculty of Nursing will take into account your recommendations for the outcome of your appeal, even if your appeal is upheld, it will not always be possible to provide you with the outcome you seek.* |
|  |

**6. Additional Information: *You must complete Section 4A, B or C above before entering information into this box. It is suggested you include information regarding how you will improve next year if appropriate***

|  |
| --- |
| *If you have additional information which does not fit into the above sections, but you would like to disclose as part of your academic appeal, please set it out here.* |
|  |

**7. Signature of Appellant**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Checklist –** use this section to ensure you have completed your appeal correctly:

|  |  |
| --- | --- |
| **You must:** | **You are strongly advised to:** |
| ☐ Read the Academic Appeals Document: Section A  ☐ Enter your contact details  ☐ Select what you are appealing against and write your appeal summary (Section 1)  ☐ Select your grounds for appeal (Section 2)  ☐ Complete Section(s) 4A and/or 4B and/or 4C  ☐ Complete Section (7) of the form: Signature of Appellant | ☐Consult with University of Alberta [Office of the Student Ombuds](https://www.ualberta.ca/current-students/ombuds/index.html)  ☐Read the **Faculty of Nursing** [Appeal Policies and Procedures](https://www.ualberta.ca/nursing/programs/undergraduate-student-resources-and-services/student-appeals/forms) for Undergraduate Programs  ☐ Provide supporting evidence if required |

|  |
| --- |
| **Once you have completed the checklist, email this form with any supporting documentation for your appeal from your University of Alberta email** **to** [**nuappeal@ualberta.ca**](mailto:nuappeal@ualberta.ca)**.**  Ensure that you keep a copy of the application form and any supporting documentation.  Your appeal should arrive no later than **fifteen (15) working days** from the date you were advised of the decision you are appealing. Please note that we can only accept appeals by email if they are sent from your University of Alberta email address. |